CIMINIADY	Y OF WORKERS'	COMPENS	TION DD	OVICIONS
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GEORGIA WORKERS' COMP			7/1/99		7/1/00	7/1/01 7/1/01	7/1/03	<u>7/1/05</u>	<u>7/1/06</u>	<u>7/1/07</u>
TOTAL DISABILITY - CODE	§114-404 - O.C.G	.A. §34-9-261								
Waiting period			7 days		7 days					
Waiting period recoverable after (consecutive from disability date)			21 days		21 days					
Maximum weekly benefit			\$350		\$375	\$400	\$425	\$450	\$450	\$500
Percent of average weekly wage (13 weeks prior to accident)			66 2/3%		66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%
Minimum weekly benefit			\$35		\$37.50	\$40	\$42.50	\$45	\$45	\$50
Maximum weekly duration from date of injury			400**		400**	400**	400**	400**	400**	400**
TEMPORARY PARTIAL DISA	BILITY CODE §	114-405 - O.C.G.A. §.	34-9-262							
Maximum weekly benefit			\$233.33		\$250	\$268	\$284	\$300	\$300	\$334
Maximum weekly duration from date of injury			350		350	350	350	350	350	350
Percent of difference in wages before and after injury			66 2/3%		66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%
Total maximum compensation			\$81,665.5	0	\$87,500	\$93,800	\$99,400	\$105,000	\$105,000	\$116,900
PERMANENT PARTIAL DISA	BILITY - CODE	§114-406 - O.C.G.A. §	34-9-263							
Maximum weekly benefit			\$350		\$375	\$400	\$425	\$450	\$450	\$500
Percent of difference in wages			66 2/3%		66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%	66 2/3%
SPECIFIC MEMBER - LOSS	OR LOSS OF US	SE OF:								
	Weeks			Weeks						
Thumb	60	Arm		225						
1st (index) finger	40	Foot		135						
2nd (middle) finger	35	Leg		225						
3rd (ring) finger	30	Eye		150						
4th (little) finger	25	Loss of Hearin	g (one ear)							
Great toe	30	Tota	l Industrial	75						
Other toes	20	Loss of Hearin	g (both ears)							
Hand	160	Tota	l Industrial	150						
Disfigurement	None	Disability/Who	ole Body	300						
DEATH BENEFITS - CODE §1	14-413 - O.C.G.A.	§34-9-265	,							
Maximum weekly benefit			\$350		\$375	\$400	\$425	\$450	\$450	\$500
Maximum duration from date of injury			Various		Various	Various	Various	Various	Various	Various
Burial expense			\$7,500		\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Total maximum benefit			\$100,000*	k	\$125,000*	\$125,000*	\$125,000*	\$125,000*	\$150,000*	\$150,000*
			All others		All others					
			Vary		Vary	Vary	Vary	Vary	Vary	Vary
PARTIAL DEPENDENTS			•		•	·	·	·	•	Ĭ
According to the ratio that the co	ontribution bears to	wages,								
times the amount due a spouse - Maximum.			Various		Various	Various	Various	Various	Various	Various
MEDICAL BENEFITS										
Medical Allowance			Unlimited	l	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
MISCELLANEOUS										
Interest in lump sum payment			7% per annu	m	7% per annum					
Statute of limitations:			•		•	•	•	•		•
For reporting accidents to the Board (see OCGA §34-9-82)			1 or 2 yrs		1 or 2 yrs					
For appeal to Three Member Board (from date of prior award)			1 01 2 115			•	•	•	•	
For appeal to Three Member			20 days		20 days					
For appeal to Superior Cour	er Board (from date of rt (from date of prior	prior award) award)	20 days 20 days		20 days 20 days	20 days	20 days 20 days	20 days	20 days 20 days	20 days
For appeal to Superior Cour For appeal to Court of Appe	er Board (from date of rt (from date of prior eals (from date of prior	Prior award) award) or award)	20 days 20 days 30 days		20 days 30 days					
For appeal to Superior Cour	er Board (from date of rt (from date of prior eals (from date of prior	Prior award) award) or award)	20 days 20 days		20 days					
For appeal to Superior Cour For appeal to Court of Appe	er Board (from date of rt (from date of prior eals (from date of prior ired to come under lav	`prior award) award) or award) w	20 days 20 days 30 days		20 days 30 days					

^{*}Surviving spouse only after one year

^{**}Except for catastrophic injures which are unlimited